

Workers' Compensation Commission Web Bill Pay System Instructions

There is a \$1.00 fee per transaction for use

- Go to www.wcc.ok.gov
- Select the "Bill Pay" button located on the right hand side
- You will see the Bill Pay Home Screen, as shown below
- You may select the category you wish to pay on the left hand side by clicking it or by selecting the category via the drop down menu on the right and clicking "Continue"

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OKLAHOMA WORKERS COMPENSATION COMMISSION Online Payments

Welcome to the Oklahoma Workers' Compensation Commission's online bill payment service!

What Would You Like To Pay For?
Select from the list or dropdown menu below.

- CASE RELATED FEES - Oral Appeals Fee
- CASE RELATED FEES - ReOpen Fee
- CASE RELATED FEES - Regular Order Filing Fees
- CASE RELATED FEES - Supreme Court Appeals
- COMPLIANCE PENALTY - Compliance Case Penalties
- COPY ACCOUNTS - Copy Account Payments
- HANDBOOKS - Commission Handbooks
- INSURANCE DEPARTMENT FEES - Certificate of Non-Coverage
- INSURANCE DEPARTMENT FEES - Own Risk Application Fee
- INSURANCE DEPARTMENT FEES - TPA Application Fee

-Select Payment Type-

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- You will be taken to the Information Page shown below
 - You need to enter either your Company name or your first and last name
 - You need to enter your address, City, State, Zip, and phone number
 - If you would like an emailed receipt, then enter your email address
 - You need to enter the Case Number or Permit Number, if applicable
 - If you are paying multiple cases, please enter the additional case numbers in the "Additional Comments" field
 - You need to enter the Claimant Name, if applicable
 - You need to enter the Payment Amount, if applicable

OKLAHOMA WORKERS COMPENSATION COMMISSION Online Bill Pay

CASE RELATED FEES - Regular Order Filing Fees

Administrative fee due to the Commission for filing a Workers' Comp Case

* Indicates Required Field

Company Name:

- OR -

First Name:

Middle Name:

Last Name:

Suffix: (Jr., Sr., etc.)

Address 1:*

Address 2:

City:*

State:*

Zip Code:* (No dashes)

Daytime Phone:* (No dashes, include area code. Ex: 4447779099)

Email:
(Email is required for e-mail payment confirmation.)

If you would like for this transaction to be processed at a later date, enter the future date here:

Depending on the category, you may NOT have the option to pay at a later day

Case Number:*
Enter the Commission Case Number. The format is 201#-####X

Claimant Name:*
Enter the Claimant's first and last name.

Additional Comments:
If you are paying more than one (1) case, please put the additional case numbers in here.

Payment Amount:* (Ex: 99.23, 21.00)

Depending on the category, you may NOT be required to enter the Case Number and or Claimant Name

Depending on the category, you may be required to enter the payment amount. Some are defaulted.

- Click "Continue" to move on to the next screen
- The next screen is a confirmation screen, as shown below
 - Confirm the information you entered is correct and click "Continue"
 - Click "Back" if you need to correct any information

OKLAHOMA WORKERS COMPENSATION COMMISSION Online Bill Pay

CASE RELATED FEES - Regular Order Filing Fees

Please verify that all information listed below is correct before proceeding.
If you need to change anything, select the BACK button. Otherwise select CONTINUE.

Company Name: WCC
First Name:
Middle Name:
Last Name:
Suffix:
Address 1: 1915 N Stiles
Address 2:
City: OKLAHOMA CITY
State: OK
Zip Code: 73105
Day Time Phone: (405) 522-9099
Email: jennifer.reeves@wcc.ok.gov
Case Number: 2016-12345X
Claimant Name: Jennifer Reeves
Payment Amount: \$140.00

- The next screen is the payment type screen, as shown below
- Choose your payment option
 - We currently take Visa and MasterCard only

- Click “Continue” to go to the payment information screen

- The payment information screen is shown below
- You will notice that the “Billing Information:” will be defaulted from the main screen
 - Make any necessary changes
- Enter your card number twice
- Enter your CCV number
- Enter your card’s expiration date
- Select “Continue” to move on to the “Verify Payment Information” screen

Home / Workers Compensation Bill Pay / Payment Type / Enter Payment Info

- The “Verify Payment Information” screen is shown below
- Verify your information and select the “Process Payment” button

Verify Payment Information

Workers Compensation Bill Pay

NOTE: Verify that all the information entered below is correct. If correct, select the Process Payment button or select the Back button to make changes.

Billing Information

WCC
1915 N Stiles
OKLAHOMA CITY, OK 73105

Payment Information

Credit Card Type: Visa
Credit Card Number: [REDACTED]
Credit Card Expiration Date: 9 / 2018

Additional Info 1: ID: 478391
Additional Info 2:
Additional Info 3: OKLAHOMA WORKERS COMPENSATION COMMISSION - CASE RELATED FEES - Regular Order Filing Fees

Items Purchased:

Item/Descr.	Quantity	Unit Price	Total
OKLAHOMA WORKERS COMPENSATION COMMISSION - CASE RELATED FEES - Regular Order Filing Fees Case Number: 2016-12345X Claimant Name: Jennifer Reeves	1	\$140.00	\$140.00
			Sub-Total: \$140.00
			Online Fee: \$1.00
			Grand Total: \$141.00

Only hit the PROCESS PAYMENT button once. To avoid duplicate billing, please do not hit the REFRESH or BACK button on your browser during this process. Please allow up to 60 seconds for this transaction to finish. Once complete, an invoice page will be provided for you to print.

Process Payment Back

- You will be shown a receipt like the one below
 - A copy will be sent if you provided an email address on the main screen

Workers Compensation Bill Pay - Receipt

NOTE: This confirmation acknowledges the successful completion of your payment for the items below.

If you need to view or print out further documentation regarding this transaction, please return to the Workers Compensation Commission - Workers Compensation Bill Pay home page by clicking the link below:

Print Your Receipt | Workers Compensation Bill Pay Home Page

A copy of this receipt has been emailed to [REDACTED]

Billing Information:

[REDACTED]

Transaction Information:

Date: 09/23/2016 11:14:13am
Transaction: [REDACTED]
Paid By: Visa
Account#: [REDACTED]
Additional Info 1: ID: 478395
Additional Info 2: [REDACTED]
Additional Info 3: OKLAHOMA WORKERS COMPENSATION COMMISSION - CONFERENCE - Attendee Registration

Items Purchased:

Item/Descr.	Quantity	Unit Price	Total
OKLAHOMA WORKERS COMPENSATION COMMISSION - CONFERENCE - Attendee Registration	1	\$300.00	\$300.00
			Sub-Total: \$300.00
			Online Fee: \$1.00
			Grand Total: \$301.00



Thank you for your payment.
Did you know that OK.gov offers many other online services that could benefit you?
Visit www.ok.gov to renew your vehicle tag online, search for state jobs, renew and apply for a professional license, pay a variety of taxes online and much more.

Back to Workers Compensation Bill Pay Home Page

If you have any questions, please contact Jennifer Reeves at 405-522-9079